



# H.E.F. CANADA QUARTERLY

*The Human Ecology Foundation of Canada*

WINTER 1981

VOL. 4 NO. 1

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**The H.E.F. Canada Quarterly**

*The H.E.F. Canada Quarterly* is a publication of The Human Ecology Foundation of Canada, a charitable organization under Canadian law, operating on a non-profit basis. The *Quarterly* is for people who are interested in health and its relation to our environment. It deals primarily with research in the field of *clinical ecology*, and also describes how people have improved their health by changes in habits, diet and environment. As such, it does *not* offer medical advice, and we urge persons wishing to experiment with changes in their lifestyle to do so with the help and guidance of a knowledgeable physician.

**The Human Ecology Foundation of Canada**

One of the purposes of the Human Ecology Foundation is to promote the free exchange of information on the prevention and treatment of ecological illness. People who are ecologically ill are no longer able to adapt well to common exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, or in water.

Natural inhalants such as pollens, dust and moulds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as allergy. But the many synthetic chemicals that are now common around us can also cause symptoms, and overexposure to these can trigger ecological illness even in those with no history of allergy or other sensitivity to the environment. Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life and career.

On a local basis, HEF Branches work toward finding sources of chemically less-contaminated food, water, clothing and household furnishings, as well as providing counselling on changes of lifestyle that may alleviate symptoms. The Foundation and all its Branches would like to encourage others to become involved not only in research on the effects of environment on health, but in working toward a healthier, less-polluted environment.

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## EDITORIAL — *Health Without Magic*

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY VOL. 4 NO. 1 WINTER 1981 PAGE 1

As your editors we have enjoyed recognizing the patterns that weave through the material that we have to choose from. Two patterns in particular we find fascinating, and would like to share them with you. Your views on the *Quarterly's* editorial topics are most welcome, as we would like to stimulate thought and debate rather than be known for preaching.

The first pattern is the universal search for magic. Deep down we all seem to hope that there will be a magic doctor, a magic pill or potion, that cure all ills and leave us capable of all our life's potentials. We would not have to think about how we live or what we eat — we would be so invincible that none of these things would affect us.

The second pattern reflects the unreality of the first. We know there really is no magic, no single cure or pill or person who will remove all troubles. Rather, the pattern that emerges is that health is the total of many individual actions. How we live throughout our whole lives may affect how we feel now. Staying healthy and productive may require a myriad of habits, or treatments, or nutrients, or changes in our lives. It almost never can be accomplished by a single, *magic event*.

The same goes for disease. Although there certainly are some people for whom the onset of ecological illness was sudden, there are as many for whom it was a gradual process. We cannot pretend to know what all the causes are, but we will probably be more right than wrong if we assume that there are *causes*, rather than a *single cause*.

How we have eaten throughout our lives, where we have lived, what we have breathed, the kinds of pressures and tensions we have been under, the genes we have been handed, may all play a part.

It is this pattern which gives us continual incentive to be on guard. Staying healthy is not a one-shot affair, a treatment to apply this year and ignore the next. We realize we have to explore the field of health and begin to understand how we must live

in order to preserve what we have, and for many, to regain what they have lost.

Several years ago at a Clinical Ecology Seminar, your editor was first exposed to a presentation on the work of Francis M. Pottenger. It was reported again in a book we recently reviewed, entitled *How to Survive Modern Technology*, by Dr. Charles T. McGee. Pottenger had studied the health of cats on different diets. He found that the cats he worked with stayed healthy generation after generation on a diet which was two-thirds raw meat, one third raw milk, plus a cod liver oil supplement.

Pottenger experimented with the cats' diets, and found that when some of the food was cooked, the cats started to develop degenerative diseases. As they were kept on the diet for two generations, their health got worse and worse. In the third generation, none of the cats lived longer than six months.

Pottenger had begun to resume the all-raw diet among the survivors at the third generation level. What has stuck in my mind to this day was what he discovered. *Three to four generations* elapsed before the offspring regained good health.

Now cats aren't people, and we are not trying to advocate eating raw meat and cod liver oil, though that might certainly be worth checking out for its value. But there is a point to be made which probably holds true with people as much as with cats. Their health or illness was not the result of a single event. Many months and years of daily deficiencies appeared to cause the deterioration that continued and worsened in succeeding generations. And many months and years of the healthier diet were necessary before true health was regained.

People have been subjected to their own twentieth century version of bad diet, for a long time. Since World War II we have had several generations grow up in the presence of widespread proliferation of food additives, pesticide contamination, industrial pollution, and high-tension

living. Can this be slowly eroding health as did the cats' diet?

And clinical ecology patients have been exposed to prescriptions that parallel what it took to bring the cats back to health. Although there have been many encouraging techniques that have helped the ecologically ill back to relative health, the underlying prescription is still holding the test of time — better diet, better environment, better lifestyle, to be administered in daily doses *as long as possible*.

Reading some of this issue's articles will echo this theme. Our *Announcements* section describes a new clinical ecology lecture series being organized in the Toronto area. At first glance the description of material it covers seems mind-boggling. For people who are not used to expending effort specifically to maintain their health, it seems impossible. We have abandoned health care to doctors, hospitals and food companies. The idea of doing it ourselves has become almost repugnant.

But do it ourselves we must, as we were apparently designed to do it — every day, step by step. It is disappointing that there is no Santa Claus who will deliver health to us on a platter. And there does not look like there is any one cure for all ills that will ever allow us to forget our responsibility to live well — or suffer the consequences.

We would like to extend the idea a bit as well. Health seems to be the sum of many tiny actions. For many victims of ecological illness, cure, or at least control, can involve a dozen different approaches at once. The many tiny actions that we perform every day ourselves, the choices that provide us with either a high intake of pollution and stress, or a good dose of fresh air and clean food, are all important. On top of this, we have specific treatments.

In many cases, the treatments are not confined to clinical ecology. Some have found great benefit by neutralizing or desensitization. Some have used dietary supplements of every kind. Some have benefited by

## EDITORIAL — *Health Without Magic* (continued)

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exercise and relaxation therapy, by yoga, by reflexology or homeopathy.

What it shows to us is that many different things may help, just as we may have arrived in all our respective situations by different routes, and through the influences of dozens of different factors for each of us.

It leaves a confusing picture at best, doesn't it? How can we figure it out? Science through the ages has relied on experiment and observation, and there is no reason why it should fail us now. We hope through the *Quarterly* that we can help to bring to our readers the experience that physicians and researchers and patients are gaining, so that we too can

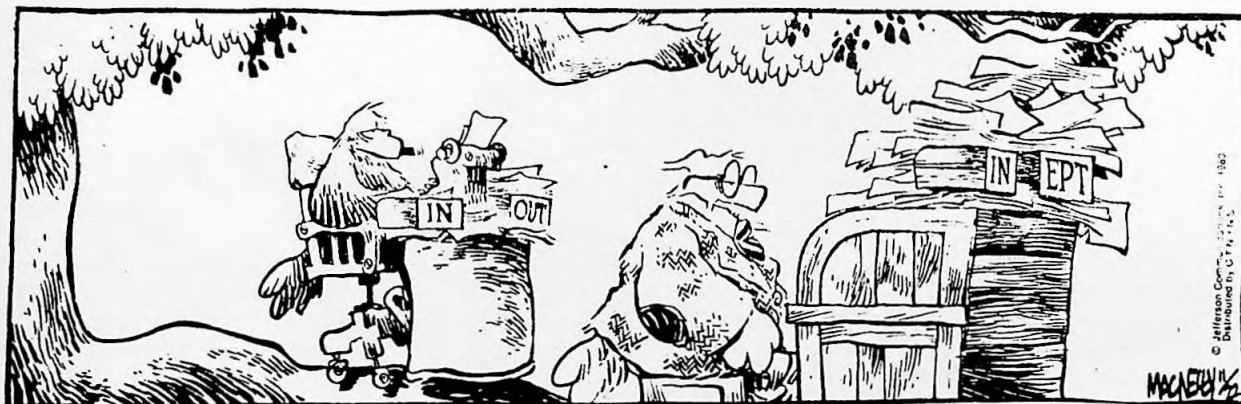
observe, experiment ourselves, and encourage further investigation in many fruitful areas.

We would like to invite our readers to keep us informed of the experience they have gained, the treatments that have helped, the changes in lifestyle that have affected them for better or for worse. If there is no one answer, no magic, then we all have a lot of work to do. We must search and question, experiment and document, until we begin to understand the *collection* of actions we must follow in order to be healthy.

Last issue we announced that the Human Ecology Foundation was spear-heading the formation of a new

information bank that would try to gather together all the experience in the field of clinical ecology and all related fields so that it will be accessible not only to our members but to the public and the medical profession. We are pleased to say that this project continues to move forward. It still needs more funding, and we would encourage you to refer again to the press release that accompanied your last issue. But it will go ahead, and we think that marks a major step in the evolution of our Foundation.

Bruce and Barbara Small  
Editors



### News Brief — *New study shows that happy may mean healthy*

(*Toronto Star*, Winter 1981) Two researchers in Dallas, Texas completing a study on attitudes and health have confirmed that worry and other negative feelings can lead to illness, but they also found that good mental health can lead to good physical health. "Most of us are fully aware that we can make ourselves ill with excessive worry or fear and sorrow," reported Drs. G. Frank Lawlis and his wife, Dr. Jeanne Achterberg. "But the notion that the reverse might also be true — that we stay healthy or become healthy by positive attitudes and behaviours — often is met with skepticism. Yet would nature have provided us with only a one-way street?" The couple's study on the relationship of attitudes to health and disease is based on 12 years of research and studies with patients.

### News Brief — *Cut acid rain or lose lakes and farms, report says*

(*Toronto Star*, Winter 1981) Canada and the United States spewed 60 million tons of acid rain-causing pollution into the skies last year, leaving dead lakes, threatened forests and farms, and crumbling buildings in its wake, says a new Canada-U.S. report. Rain falling on Ontario, Quebec, and the northeastern states is 40 times more acid than normal, Atlantic salmon fisheries are being wiped out, and some drinking water has become contaminated because of the acid's effects, the report says. Although technology exists to reduce pollution in most cases, existing laws and policies will permit the problem to get worse, the report adds. The report, a summary of hundreds of pages of acid rain data, indicates acid rain must be cut by at least 50 to 70 per cent to save sensitive environments and reduce human and financial costs.

# INDOOR AIR POLLUTION — A Report by the U.S. Comptroller General

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY VOL. 4 NO. 1 WINTER 1981 PAGE 3

*We would like to be able to announce that the Canadian Government is taking a wide-ranging look at the problem of indoor air pollution. While it has begun to recognize specific problems such as contamination by formaldehyde from urea-formaldehyde foam insulation, we have not been aware of any more comprehensive investigations.*

*In this article we extract several portions of a recent report from the U.S. Comptroller General to the Congress of the United States (Report CED-80-111, September 24, 1980).*

*The report's cover presents a short summary of its findings:*

## **Indoor Air Pollution: An Emerging Health Problem**

Traditionally it has been presumed that a person was protected from polluted air when indoors. Recent research has shown, however, that this may not always be true.

Various harmful pollutants — including radon, formaldehyde, and nitrogen dioxide — have been found in the air in homes, offices, schools, and even in recreational facilities. The problem may even be made worse by Government energy conservation programs which encourage the "buttoning-up" of buildings.

Federal efforts to deal with the problem have been piecemeal, receiving little support primarily because no one Federal agency has responsibility for the problem. Until responsibility is assigned to one agency to oversee Federal efforts, they will continue to be ineffectual.

In this report the General Accounting Office recommends actions that the Environmental Protection Agency and the Congress can take to help resolve the situation.

*In an introductory section called "Digest", the Comptroller General has put forth a listing of the major points dealt with in more detail within the report itself.*

While Government and industry have concentrated on cleaning up the Nation's outdoor air, they have paid little attention to the quality of indoor air in the non-workplace. Yet indoor air pollution may pose a potentially more serious health problem since we spend 70 to 80 percent of our time indoors — at home, at work, or at play.

Harmful pollutants have been found in various indoor environments in greater concentrations than the surrounding outdoor air. In some cases, indoor pollution exceeds the national standards set for exposure outdoors.

Harmful pollutants are present in all types of indoor air environments. For example:

1. Higher than average levels of radioactive radon (a decay product of radium, a natural trace element found in soil and rock) have been discovered in homes throughout the country — with the highest levels found in mining areas. Prolonged exposure to radioactive radon in levels greater than that normally found in the atmosphere can lead to lung cancer.

2. Unhealthy levels of carbon monoxide have been found in a variety of places, including homes, public buildings, and even in school buses. A 1978 Department of Transportation study estimates that many school children daily may undergo excessive exposure to carbon monoxide. Exposure to high levels of carbon monoxide can cause respiratory ailments.

3. Formaldehyde, emitted by urea foam insulation, recently has been detected in homes in Massachusetts. Some occupants were hospitalized while others were forced to evacuate their homes. Other States have reported similar problems.

4. Nitrogen dioxide has been found in homes where gas stoves have been used without adequate ventilation. The pollutant was measured in peak concentrations several times greater than the outdoor level and greater than recommended exposure standards. Exposure to high levels of nitrogen dioxide is associated with respiratory ailments.

5. Smoking is a major indoor source of respirable particles (matter small enough to be inhaled), a potential cause of lung cancer. A recent study found that nonsmokers can suffer lung damage from breathing other people's cigarette smoke.

Ironically, some measures intended to reduce energy use in buildings contribute to the buildup of indoor air pollution. Efforts to "button-up" homes, schools and office buildings to decrease their energy use permits less air to enter or escape. Pollutants produced indoors are trapped and their concentrations increase.

Also, the Federal Government is using tax credits to encourage citizens to better insulate their homes. One material qualifying for this incentive is urea formaldehyde foam insulation, which is a source of potentially harmful indoor air pollution. In attempting to resolve the Nation's energy shortage, the Government may very well be advocating solutions which will adversely affect public health.

## **What are U.S. Federal Agencies Doing About Indoor Air Pollution?**

While Federal officials agree that indoor air pollution poses a potentially serious health problem, they have been reluctant to invest resources to study it because they lack clear responsibility for addressing the problem. Federal actions have, therefore, been piecemeal, each agency addressing only that aspect of the overall problem that falls within its purview.

Researchers and program managers are beginning to recognize the need for a co-ordinated, comprehensive approach to the problem. A recent voluntary effort by various Federal agencies to discuss such a co-ordinated approach has been initiated.

However, a similar attempt in the past has found that little could be done to resolve the problem, largely due to the lack of specific Federal responsibility and authority.

# INDOOR AIR POLLUTION — A Report by the U.S. Comptroller General (continued)

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The lack of clear responsibility and authority has also caused other problems. For instance, some agencies have similar research programs because of their respective needs for data.

Currently, both the Department of Energy (DOE) and the Environmental Protection Agency (EPA) are conducting similar research on radon in the indoor environment.

Agencies also find themselves assuming adversarial roles when assessing the impact of Federal actions on indoor air quality. Currently, EPA and DOE disagree over proposed measures in DOE's Residential Conservation Service Program.

EPA believes that a lessening of the air exchange rate, as DOE proposes to improve energy efficiency, could increase the radon buildup. The subsequent exposure to radon may lead, according to EPA statistics, to a potential increase of between 10,000 and 20,000 additional deaths per year due to lung cancer.

DOE disagrees, believing the potential effect to be far less significant. As of late August 1980 this dispute was unresolved.

## What Can be Done to Deal With the Problem?

Some European countries have recognized the significance of the indoor air pollution problem and have enacted indoor air quality standards for certain pollutants. They have also taken other measures to control the problem, such as restricting the use of materials known to emit pollutants.

There are low-cost ways to minimize indoor air pollution, including proper ventilation and use of ventilating equipment and filtering devices. Federal agencies need to disseminate this kind of information to the public to increase their awareness.

A long-term solution to the indoor air pollution problem requires a clear mandate to one Federal agency that can oversee and direct Federal efforts relating to indoor air. The

General Accounting Office believes this agency should be EPA, due to its past experience with air pollution.

The Clean Air Act could be amended to provide EPA the responsibility and necessary authority to address the indoor air quality problem in the non-workplace.

While the General Accounting Office recognizes that eventually some costs will be involved, a massive new Federal program is not necessary now. Rather, given a clear mandate and authority for addressing the overall problem, EPA can develop a comprehensive, co-ordinated program using existing resources in both the public and private sectors.

## Recommendations to the Congress

The General Accounting Office recommends that the Congress amend the Clean Air Act to provide the EPA with the authority and the responsibility for the quality of the air in the non-workplace.

## Recommendations to the Administrator, EPA

While the General Accounting Office believes that EPA does not now have a specific legislative mandate for the quality of air in the non-workplace, there are actions which the Agency can take. The General Accounting Office therefore recommends that the Administrator establish a task force which will:

1. Identify research activities of other Federal agencies and private institutions relating to indoor air pollution so that EPA's activities can be co-ordinated with them.
2. Compile available data on indoor air pollution and use this data to inform the public and other governmental organizations of the problem and available actions.
3. Provide advice to the Administrator on what EPA research and development efforts are needed to deal with the indoor air pollution problem.

Such efforts will aid in identifying and guiding Federal research activities, act as a clearinghouse for research data, and also serve as a focal point for assisting State and other local governments and citizens in dealing with indoor air pollution problems.

## Agency Comments

EPA said the General Accounting Office's report was both accurate and informative. EPA suggested that the goals of energy conservation and maintaining indoor air quality need not necessarily be in conflict.

The Department of Housing and Urban Development pointed out its involvement in research on the indoor air pollution problem.

DOE said that the report underplayed DOE's dedication and accomplishments in dealing with the problem. DOE also disagreed with the recommendation that EPA be given responsibility and authority for the quality of air in the non-workplace, stating that if the recommendation was retained, a further clarification of the role of Federal agencies was needed.

In view of EPA's already existing responsibility for outdoor air pollution and its experience in this area, the General Accounting Office continues to believe that EPA is the appropriate agency to be given authority and responsibility for the quality of indoor air in the non-workplace.

*Our readers may well be thinking that even this brief overview just scratches the surface of the indoor pollution problem as many of us have experienced it. It is, however, a start, and we will commend the efforts of any government officials in any country, in helping to bring all aspects of the indoor air pollution problem to the public eye.*



## ENVIRONMENTALLY TRIGGERED DISEASE - *Excerpts from Dr. William Rea*

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY VOL. 4 NO. 1 WINTER 1981 PAGE 5

We have been leaning very heavily on the excellent papers of Dr. William Rea, of Dallas, Texas. In our Summer 1979 Issue we first introduced the concept that chemical overexposure can trigger sensitivity. Subsequently we dealt with Dr. Rea's work connecting certain forms of heart disease to environmental sensitivity.

Last issue we reviewed some of Dr. Rea's more general writing on food and chemical susceptibility. Now we again venture into specific diseases and bring you some excerpts from two more papers dating back almost five years. The references are given in the article and are available in the H.E.F. Toronto library.

The first paper, entitled *Environmentally-Triggered Thrombophlebitis*, and published in *Annals of Allergy*, Volume 37, August 1976, will establish the theme of this article. It makes it clear that there are at least some human ailments that have been given long names as established diseases, that may be strongly linked, for some people at least, to environmental sensitivity.

The paper's abstract reads as follows:

Ten randomly selected patients with recurrent non-traumatic thrombophlebitis of unknown etiology were studied using a comprehensive environmental control method. All cleared their phlebitis without medications. Using withdrawal and challenge of incitants, eight of 10 patients had their phlebitis reproduced. The numerous single triggering agents were common-place inhaled and ingested foods and chemicals.

As with the other studies we have reviewed, these patients were placed under strict environmental control in the Brookhaven Environmental Unit in Dallas, Texas. All ten patients had suffered from recurrent thrombophlebitis and pulmonary embolism of unknown cause.

Their histories were taken according to Randolph's method, searching for other parts of the "environmental maladaptation" syndrome. Rea reports that specific symptom complexes such as recurrent sinusitis, colitis, cystitis, bronchitis, laryngitis, pharyngitis, spastic colon, enteritis, migraine or vascular headaches, arthralgia, depression and cardiac arrhythmia with unknown causes were recorded.

As a definitive test to assess the complete absence of phlebitis or even mild residual venous sensitization after a period of fasting in a chemical-free environment, the patients were all required to walk without stopping 10 times the distance they could prior to entering the unit. Each was also requested to ride an exercise bicycle against a fixed resistance both before and after the period of detoxification.

Rea found an impressive number of associated signs and symptoms related to the environmental maladaptation syndrome. Each patient averaged more than 10 distinct recurrent signs and symptoms.

All 10 patients, once under environmental control, cleared their active symptoms, including their ongoing phlebitis, in three to ten days. However, the symptoms were frequently accentuated for the first two to three days. Most patients underwent withdrawal exactly as Randolph has described in his chronically ill patients.

As the patients became asymptomatic, all stated that they had not felt that well in years. This feeling of well-being was confirmed by observable signs of animation, walking, even riding a stationary bicycle (which none had previously been able to do). The ten patients were able to walk the distance of 10 times their pre-environmental control experience. All ten then rode the bicycle at least six miles a day against the fixed resistance. All calf tenderness and positive "Homan's signs" were gone.

Upon challenge with foods and chemical exposures, eight of the ten patients clearly had their phlebitis

reproduced on at least three separate occasions. Many different susceptibilities existed in each patient. Also, some individual stimuli would produce only portions of, while others would produce all the patient's original symptoms and signs.

The study concludes that environmentally-triggered phlebitis does occur, and that it can be cleared and reproduced by the institution of rigid environmental control. Though the phlebitis was easily reproduced by single incitants, Rea felt that the cumulative effect of multiple small reactions must account for the recurring phlebitis in these patients. This cumulative effect was emphasized during testing for four of the patients, who ate more than one chemical (non-organic) meal before their phlebitis flared.

Rea suggests that the cumulative effect phenomenon may well explain why the phlebitis was not reproduced in two of the patients in this series. They had been desensitized for at least 10 days and no reactions were allowed to accumulate during testing.

The importance of using an environmental unit as a means of testing the connection between such diseases and environmental exposures cannot be understated. Rea states that it was clear from observing this set of patients that the initial rapidity and subtlety of reactions both from ingestion and inhalation would be undetectable outside an environmental control unit. He suggests that this may be the reason these triggering agents, common foods and chemicals, have not been defined before.

At times the initial food reactions, though quite evident under environmental control, would crescendo over 24 to 48 hours. Out-of-hospital testing might have missed the initial reaction and called this a delayed reaction, and probably could have lead to unreconcilable confusion as to the triggering agent.

Rea reports that all the patients were able to appreciate the triggering agents once they were dismissed from

## ENVIRONMENTALLY TRIGGERED DISEASE - Excerpts from Dr. William Rea (continued)

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the unit. They were then able to manipulate their home environments and diets to remain phlebitis-free.

A similar study was done on a group of ten randomly selected patients with recurrent non-specific small vessel vasculitis (edema, petechiae, spontaneous bruising, and peripheral cyanosis). This was reported in a paper entitled *Environmentally-Triggered Small Vessel Vasculitis*, published in *Annals of Allergy*, Volume 38, April 1977.

In this paper, Dr. Rea notes that vasculitis has long been an ill defined clinical entity until recently. He laments that studies are sparse and most dissertations on the subject are vague.

Most recently, it has become apparent that there is a whole spectrum of vasculitis stretching from very minor vessel involvement to devastating organ necrosis. Triggering agents are generally unknown outside a few bacterial infections and drug induced inflammation.

Various other clinical entities (doctor's words for *diseases*) such as some arthritis, nephritis, lupus erythematosus and periarteritis are known to have vasculitis as part of their individual syndromes, but their triggering agents are also unknown. Other types of vasculitis are apparently non-specific but also have no known cause.

As with the phlebitis patients, environmental control and careful challenge with foods and chemical exposures were used to aid in determining whether there were specific trigger agents for the small vessel vasculitis the ten patients in this study suffered from. (The environmental control and testing procedures have been described in a previous article, *Clinical Testing for Environmental Illness*, in the Summer 1979 Issue of the *Quarterly*).

As with the phlebitis patients again, these patients had an impressive list of signs and symptoms associated with the environmental maladaptation syndrome. An interesting observation was that all patients gave histories of being super-sensitive to

odours of things like car exhaust, perfumes, fabric stores, natural gas, etc., even prior to the development of their vasculitis. They also reacted adversely to medications. The difficulty in diagnosing these patients was underscored by the fact that each patient had seen at least ten physicians prior to being admitted to the environmental control unit.

Once under environmental control, all ten patients cleared their active symptoms, including their ongoing vasculitis, in three to seven days. Withdrawal symptoms were also experienced in the first two to three days.

Each patient initially had hunger followed by complaints of "nervousness", "jitters" and headaches. There were observable signs of agitation, trembling and depression. Insomnia or disturbed sleep were the rule the first night, which was followed by assorted symptoms such as nausea, diarrhea, wheezing and/or headaches. Finally backaches, sometimes excruciating, usually signalled the termination of the symptoms.

At this point, all tenderness, bruises, petechiae, extremity discoloration and other associated signs and symptoms were gone. As with the phlebitis patients, the vasculitis patients stated they had not felt as well in years. They all could ride the bicycle, which they could not do previously because of uncontrollable fatigue.

During the subsequent testing, all ten patients had their vasculitis reproduced on at least three separate occasions. Usually there was a sequential progression of symptoms of color change of the hands, feet, nose and skin followed by pulse alteration, periorbital and peripheral edema, petechiae and/or spontaneous bruising. Many different susceptibilities existed in each patient.

Ninety-five percent of the reactions that occurred within the first four hours after eating a test food started within the first five minutes after ingestion, leaving no doubt in the minds of observing personnel and patients that there was a cause and

effect relationship. The severe reactions lasted up to 48 hours with lesser effects lasting up to five days. The moderate reactions lasted four to eight hours while the mild ones were over within a four-hour period. One hundred percent of the associated signs and symptoms gained from the patients' histories were reproduced on testing.

All the patients' reactions to inhaled chemicals were within the first one and a half hours, and their after-effects lasted up to 48 hours, although most terminated within a four-hour period. Ten patients reacted to the fumes of the flame of the gas pilot, reproducing assorted signs and symptoms in all patients and reproducing the vascular signs in six.

The most striking examples were those of 33-year old and 34-year old females who had a 15-second exposure to the natural gas pilot. Patient A developed immediate dizziness, staggering and then premature ventricular contractions followed by severe leg pain and bruises over both extremities. Recovery took 36 hours.

Patient B developed immediate abdominal cramps, irritability, chills and vascular spasms of hand and feet vessels, followed by spontaneous bruising and depression. Recovery took 48 hours under oxygen with the patient writhing in pain and complaining of abdominal cramps most of the time.

Transient exposures to chemicals produced spontaneous bruising in all patients at least on two different occasions. Vascular spasm with cyanosis was seen in all patients frequently, as were petechiae and periorbital edema.

In viewing the life-long histories of these patients, Rea found it difficult to say when the vasculitis had started. He did notice that most of them had symptoms due to abnormal responses to environmental stimuli in early childhood. Rea says that these increased insidiously over many years before exhibiting the full vasculitis syndrome.



## ENVIRONMENTALLY TRIGGERED DISEASE - *Excerpts from Dr. William Rea* (continued)

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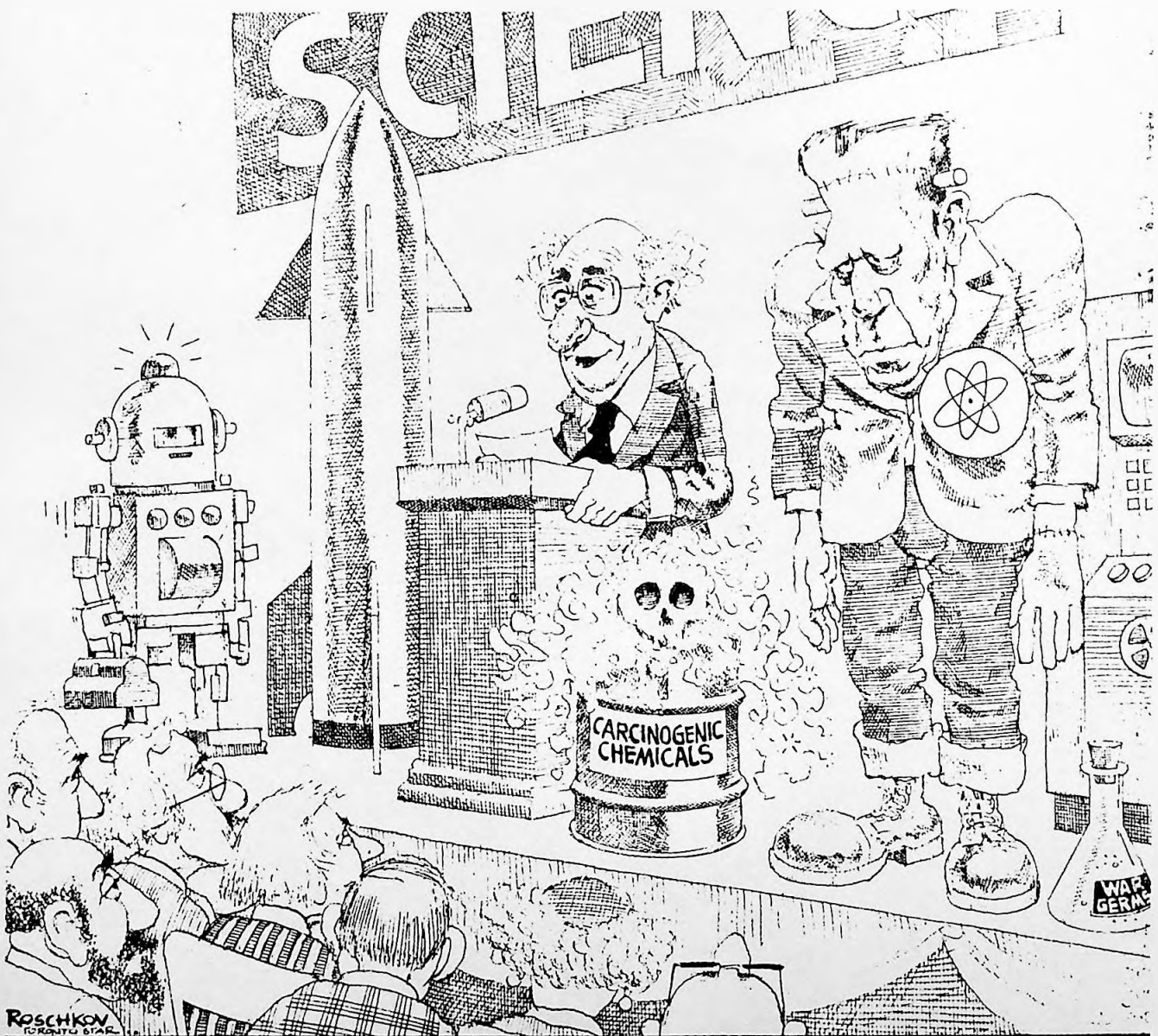
Many of the patients could clearly relate accentuation of their allergic manifestations with apparent spreading of intolerances to commonly used foods and outgassing objects such as newsprint, perfume, plastics, etc., very early in life.

Even though the patients presented with multisystem complaints due to apparent spreading of intolerances many isolated clues were present years before the onset of the

vasculitis. Ninety percent had tonsillectomies, indicating involvement of the respiratory and immune systems in early childhood and even infancy. Sixty percent had ancestors who suffered and eventually died from a non-arteriosclerotic cardiovascular entity.

Finally, most patients had isolated chemical intolerances with years of complaints of a hypersensitive sense of smell to these. Usually

odours of various chemicals such as chlorine, newsprint, fabric stores, pesticides, etc., would cause them to be nauseated or ill. All gave histories of being able to smell natural gas when others could not. Rea notes that none of these patients got well until their natural gas appliances, including heating, were removed.



**"NEXT, WE'LL GENETICALLY ENGINEER A NEW HUMAN BEING WHO WILL NOT BE  
AFFECTED BY OUR OTHER CREATIONS"**

# ANNOUNCEMENTS

## 1. Questionnaire for New Book on Clinical Ecology

Mr. Nick Travis of the Don Quixote Publishing Company, Amarillo, Texas has asked us to include his company's questionnaire with this issue. Nick is writing a book on the experiences of clinical ecology patients, and hopes that getting more of these stories in print will help the countless thousands who do not yet recognize that environment may be involved in their illness.

## 2. Quarterly Exchange with Feingold Association

Through the Toronto Branch we have begun exchange of newsletters with Feingold Associations in other cities in North America, starting with Washington, D.C.

Although treatment of hyperactivity through dietary control has been fixed in people's minds as the Feingold approach, we were delighted to find that our group and theirs are working in the same direction. The Feingold Association of the Washington Area (FAWA) is concerned generally with chemically sensitive children and adults.

Their newsletters include reference to environmental chemicals in the home and the possibility of adverse health effects other than hyperactivity.

We feel that both groups could benefit from more contact and exchange of ideas, as we are all working to preserve and rebuild health that has been eroded by modern chemicals.

## 3. Clinical Ecology Lecture Series in Toronto

*For the first time in Toronto, a clinical ecology lecture program is now being set up for acquainting patients with all the basics for improving their health.*

The series will be conducted by Mrs. Joy Underwood, and will be held at the office of Dr. Joseph Krop,

479 Roncesvalles Ave., Toronto (corner of Dundas St. W., one block south of Bloor St. W. or the Dundas West Subway Station). For further information on schedule and fee call (416)-536-9903.

### Introductory Session (2½ hr.)

1. Definition and explanation of specific concepts and terms — clinical ecology, ecological illness, allergy as it relates to clinical ecology, acute and chronic allergic responses, and the process of adaptation (i.e. how the body responds to certain stresses such as food, water, chemicals and inhalants).

2. The clinical levels of reaction to the environment — such as hyperactivity, depression, headaches, muscle aches and pains, impaired thinking ability, asthma, and many more diseases and symptoms that bother people on a daily or seasonal basis.

3. Explanation and instructions for specific procedures and testing — such as the food questionnaire, medical history taking, examination, laboratory tests, testing for food, inhalant and chemical sensitivities, water testing, filter testing, the use of alkali salts and oxygen, pulse taking, recording and rating symptoms, keeping notes, testing at home, patient conferences and counselling, costs involved for the various procedures and testing.

4. Resources — books and organizations where information can be obtained on the subject of clinical ecology.

### Follow-Up Sessions (3 hr.)

1. The Rotary Diversified Diet — the basic theory or concept of the diet; specific use and application of the diet; understanding the food families and their application in the diet; the basic rules of the diet; setting up and preparing the individual's diet (*in general terms, not specifically designed according to any one patient's test results*); preparing foods for the diet; sources for less contaminated foods; retesting of known food sensitivities. (N.B.: If you wish to have

*your own diet plan* worked out for you, please arrange with the instructor for a private consultation. This necessitates a separate time and fee.)

2. Chemical Susceptibility — definition; toxicity; how the problem develops; causes and responses to chemical exposures; four major categories of chemicals — indoor air contaminants, outdoor air contaminants, chemical additives of food and water, plus synthetic drugs, cosmetics and fabrics; testing procedures; coping with the chemical problem.

3. The Home Environment — securing or finding "safe" products; cleaning and clearing out your home; setting up an "oasis"; testing your home environment; use of special and alternative items in the home; household tips; economics involved in making necessary changes; selecting a place to live.

### A Third Session

(duration not known at this moment) This lecture will be conducted by a psychologist and will include some principles and methods of stress reduction such as exercise, breathing techniques, etc.

## 4. Survey of Clean Places to Live

Dr. Lawrence Plumlee is conducting a continent-wide survey to help people looking for a cleaner place to live. We have enclosed his questionnaire and would ask everyone that can to complete it right away and send it on to Dr. Plumlee at Route 1, Box 260C, Sherman, Texas, USA 75090.

## 5. Membership List Proposed

One of our readers has proposed that we assemble and make available to our members a complete list of everyone in the organization. Many people would like to know if there are others in their immediate area with similar interests.

Although we can foresee that some individuals may not want their name listed, we do know that a

## ANNOUNCEMENTS (continued)

number of people are in favour of such a list.

We are therefore suggesting that the Branch executives discuss this issue and that any member wishing specifically to be excluded from such a list, if it is decided to produce one, drop a short postcard in the mail to your Branch head or to the Quarterly office (*addresses on back page*).

### 6. Ecological Housing Needed for Long Term and for Spray Season

A number of our members are in desperate need of relatively ecological housing anywhere in southern Ontario that is outside the major smog limits of our more populated cities. We are therefore asking anyone knowing of any suitable homes, apartments, or rooms (for rent or for sale) to contact Mrs. Mary Campbell at (416)-924-2014 in Toronto. She will get in touch with those who need it. Such accommodations would preferably have electric heat, and be in a location with a clean, dry breeze.

Others in the group have fairly safe accommodations but are subject to pesticide and herbicide spray drift in the spring. If anyone is able to offer these people a room, cottage or house as a temporary refuge for several weeks during spray season, in an area that is less subject to drift, we would again ask you to contact Mrs. Campbell at the number above.



We all depend on  
the Postal Service...



### News Brief — Renovators hit by lead poisoning

(*Toronto Star*, Winter 1981) Do-it-themselves renovators of old houses have been found to be suffering from lead poisoning, say researchers at the Environmental Health Sciences Laboratory at New York's Mt. Sinai Hospital. The ailment usually affects children living in old houses, who nibble paint chips from crumbling walls. But, says Dr. Alf Fischbein, "in the process of stripping coats of old lead paint from interior walls, ceiling and woodwork, young professional adults have fallen prey to the poisoning." The symptoms, he said, are not the same as those seen in children (weakness, colic and irritability). Adult symptoms of weariness and diarrhea are often mistakenly attributed to overwork, stress or fatigue.

*In our Fall 1980 Issue we began a series of reports on papers presented at the Society for Clinical Ecology's Fourteenth Advanced Seminar in Clinical Ecology, Callaway Gardens, Georgia, Nov. 3-5, 1980.*

*Although parts of the following papers may appear a bit technical on first glance, we have included them as written by the authors, without summary or translation of medical terms.*

## The Role of Allergy in Cerebral Palsy — by Marshall Mandell, M.D.

I recently discussed my observations concerning the important role of allergy and allergy-like disorders in cases of cerebral palsy with a world renowned authority who has made major contributions to the literature on brain-injured children. With controlled enthusiasm, I described the clinical ecologists' reproducible cause and effect approach to physical and mental illness and shared with him the beautiful logic of our objective, non-personal diagnostico-therapeutic methodology.

This physician was a professor at a leading medical school and the medical director of a mental institution engaged in the care of retarded and brain-injured individuals. I have always regarded him as an open-minded investigator who would be receptive to new scientific developments.

I was convinced that I could stimulate the interest of this talented researcher and, in turn, obtain useful information and his valued suggestions for additional areas of investigation that would enhance my research and make it as attractive as possible to his colleagues.

The content of our lengthy and far-ranging discussion has compelled me to address this note to my fellow ecologists. I am sorry to report that

this intelligent, accomplished physician, who happens to be a very nice human being, was completely resistant to the far-reaching breakthroughs of Clinical Ecology. Despite the intellect that made him a professor, he simply just would not consider exploring a new and exciting perspective of illness — he would not understand.

In a fatherly way, this pediatric neurologist told me that my work had to be accepted by a reputable journal and my observations had to be confirmed by others. I was informed that my enthusiasm interfered with my objectivity.

And most certainly, the parents of the children with cerebral palsy had come to my office with high hopes and they would be desperately looking for anything that remotely looked as though it might be important to their children.

My statements regarding the single-blind testing technique followed in each case, and the very real benefits that had resulted to date as the direct result of this investigation fell upon deaf ears. As W. H. Philpott has so well stated, this physician had a very serious form of learning disability that he had acquired along with his medical education.

He mentioned that he had reviewed a large series of his patients for evidence of an increased incidence of classical allergic disorders in brain-injured individuals and had not found this to be so. He made no comment when I reminded him that he had never considered the possible "allergic" genesis of the frequently encountered manifestations of poly-symptomatic ecologic disorders. It did not seem to matter to him that he had not been aware of the existence of the systemic and neurologic "allergies" that we see daily, when he had studied his records.

He said that he did not doubt that I would probably obtain great personal satisfaction from working alone in this area of special interest to me. He indicated that it was possible that I might be the only physician

claiming to have observed the unusual phenomenon that I had described to him and that I might also be the only one who believed that I had achieved the clinical results I discussed with him.

He saw no harm in my continuing with these efforts and seeking gratification from my professional activities relating to my "beliefs" concerning the inter-relationship between allergies and cerebral palsy.

He suggested that it might be necessary for me to retire from active practice in order to devote all of my time to research in this area to "properly" establish my observations — to make "respectable" and "acceptable" the findings that I have already demonstrated to be an important and previously unrecognized or, perhaps, a little known aspect of cerebral palsy.

The results of this disappointing conversation were a powerful reinforcement of every ecologist's sad realization that the overwhelming majority of our colleagues in the medical establishment will probably never change until change is forced upon them.

And his remarks generated an acute awareness of the fact that there is an urgent need to gather and report confirmatory evidence from the investigations of other ecologically oriented physicians.

You, my fellow ecologists, are the only ones who can supply this necessary data. No one else has the knowledge, experience, facilities or desire to accomplish this for us. By the sheer weight of numbers, our combined anecdotes will be transformed into an impressive series of independent clinical observations that cannot be ignored.

What is required, during the next three to six months, is that each of you donate a small portion of your productive office hours and some of the efforts of your technicians to augment this investigation. I ask that you become participants in an essential co-operative effort that will eliminate the unnecessary time lag that

invariably occurs between the making of a significant medical discovery and realizing the benefits that can result from its clinical application.

Would each of you study 3 to 5 cases of cerebral palsy? In concluding this request for my colleagues to participate in corroborative studies, I shall rephrase and add to the words of Ralph W. Moss, Ph. D., the coauthor of Dr. Randolph's newly published book.<sup>1</sup>

"My clinical investigations and the studies of my fellow ecologists are rarely conducted as scientifically immaculate double-blind procedures. In most instances, we are overworked private practitioners whose ecologic orientation requires that we concern ourselves with the demonstrable causes of physical and mental illnesses. Our primary professional responsibility is to provide diagnostically accurate and therapeutically effective medical services for our patients. We are not a group of ivory tower scientists working in a well financed research center".

As clinical practitioners we work closely with many chronically ill, often disillusioned and discouraged patients whom we can help a great deal. We get to know them and their families. They are our long suffering fellow men whom we often come to like and respect. We can not function as if we were highly trained uninvolved and dispassionate laboratory investigators. And, *it is unreasonable to demand* that we do so in the name of science or the scientific method.

There are those who feel insecure or threatened because they lack our freely available and clinically invaluable knowledge and skills. They do not, or will not, make the necessary effort to become thoroughly familiar with the soundly based and well established ecological concepts that constitute the logical foundation of our work.

And, without observing or trying our methods, they reject the highly effective techniques that are successfully employed in our daily practices. They attempt to distract others from

recognizing the irreplaceable role of readily demonstrable ecological principles in the practice of medicine by focusing excessive attention on clinically unimportant details of method and impossible-to-obtain "controls".

In following such an unproductive approach, they "*negate one of the most fruitful sources of scientific knowledge*" when they "*dismiss the careful and honest observations*" of experienced physicians and intelligent patients.

"*Case study, as much as anything else, has goaded medicine forward*". Please help me extend the clinical base of the observations presented in this preliminary study by donating some of your very much appreciated time and efforts that will make it possible for over half a million children and young adults to be happier and healthier in the very near future. Fill my mail with your well documented and priceless anecdotal data; each personal communication will be acknowledged and quoted.

This presentation is a preliminary report of an ongoing study. The research concerns the presence of previously unrecognized polysymptomatic bio-ecologic disorders in patients having cerebral palsy. The initial group of 20 patients being investigated has demonstrated that systemic, non-anaphylactic inhalant allergy, food intolerance and chemical susceptibility are major factors in perpetuating and/or exacerbating a broad spectrum of clinical manifestations in brain and otherwise-injured individuals.

Until now, their complaints have been accepted as the inevitable results of the original prenatal, perinatal or postnatal central nervous system injury.

Symptom-duplicating systemic provocative testing for an allergic respiratory ailment in a 26-year-old cerebral palsy male caused an unanticipated series of important multiple-system reactions. These test-induced responses led to the conclusion

that the original incident(s) or factor(s) that initiate the neuropathology of cerebral palsy probably cause multi-focal extra-neural damage at the same time period.

It is postulated that these extra-neural injuries, structural or physiologic, can become the sites of the chronic or recurrent body-wide ailments that frequently affect people having cerebral palsy.

The author believes that cerebral, visceral, and somatic allergies and allergy-like sensitivities play an important role in the manifestations of a broad spectrum of associated disorders that he identifies as the cerebral palsy/bio-ecologic syndrome.

A summary of this patient's illuminating responses to sublingual provocation testing follows. His familiar respiratory symptoms of wheezing, shortness of breath, chest tightness, pharyngeal dryness, nasal obstruction, nasal discharge, postnasal drip, bilateral carache and lacrimation were evoked by challenges with extracts of commonly encountered inhalants and foods, or solutions of chemical agents.

The unanticipated and thought provoking observations that were made many times during his evaluation consisted of episodes of familiar cerebral, neuromuscular and extra-neural symptoms. Until this time, such frequently occurring allergic and allergy-like systemic disorders have been misinterpreted as the expected discomforts that often accompany cerebral palsy.

Most of the sublingual tests provoked previously experienced combinations of symptoms that localized in the central nervous system, respiratory, musculoskeletal and gastrointestinal systems. Other tests caused chest pains, tachycardia with severe heart pounding, generalized aching similar to influenza infections, and toothache occurred several times.

Some of his outstanding test induced reactions were extreme fatigue to the point of falling asleep, intense headache, severe dizziness, visual blurring that made reading



very difficult, feelings of intoxication and unreality, nervousness, an inner shaky feeling, uncomfortable tingling sensations of the upper torso and extremities, and moderate aching and tenseness of the muscles of his upper back.

The flexor muscles controlling the fingers of his left hand became so tight that he could not open his hand for over ten minutes. Systemic provocation tests induced and/or exacerbated many of the life-long symptoms that characterized his cerebral palsy/bio-ecologic syndrome.

His impressive series of multisystem test evoked reactions strongly suggested that an important and previously unrecognized aspect of cerebral palsy had been discovered. This young man was tested extensively and he was found to be sensitive to many biologically active environmental substances.

He reacted to house dust and mites; tree, grass and weed pollens; 13 species of molds; 43 foods; numerous chemical agents including chlorine, automobile exhaust, ethanol, Lysol, tobacco smoke, Listerine mouthwash, saccharin, natural gas, FD & C food colorings (Red #2 and Yellow #5), food preservatives, vegetable garden spray, fruit tree spray, Chlordane, Dieldrin and the herbicide 2,4-D in addition to bacterial and influenza vaccine.

To recapitulate, neural and extraneural responses evoked by systemic provocation testing duplicated this patient's familiar and frequently experienced "cerebral palsy" symptoms. Prior to this investigation, these symptoms were generally accepted as the often encountered constellation of neuromuscular, mental, emotional, visceral or somatic discomforts that are an integral aspect of cerebral palsy.

The results of provocative testing in this cerebral palsy patient immediately suggested the strong possibility that the multiple sites of his anoxic biochemical infections or traumatic injury of 26 years ago were bio-ecologic "weak spots". It appears

likely that anatomically or biochemically damaged tissues might become sites where abnormal permanently malfunctioning cells could cause symptoms if they were to interact negatively with commonly encountered environmental incitants. It seems reasonable to assume that a predisposed individual having some residual neuronal and/or extraneural cellular damage might have cellular dysfunctions after exposure to biologically active substances.

Toxic or irritating agents including petrochemicals, coal tar derivatives (aspirin, saccharin and food coloring), the many compounds present in tobacco smoke, and biocidal substances present in widely employed insecticides, pesticides, herbicides and fungicides might cause illness because of their noxious effects on the tissues that were seriously affected by the original biologic insult in the distant past that led to the cerebral palsy/bio-ecologic syndrome.

These exciting findings and the insights they generated led me to make many phone calls and write many letters to reach victims of cerebral palsy to volunteer for comprehensive bio-ecologic investigations for which there would be no fee. The families of the patients were informed that all of the findings made in each case would be immediately applied for the benefit of cerebral palsy individuals who demonstrated adverse reactions to any of the test materials.

I discussed this research with teachers, Cerebral Palsy Association officials and the hosts and listeners of several radio talk shows. Carlton Fredericks, Ph. D., was especially helpful; he discussed the research and my request for volunteers with his large radio audience, referring many cerebral palsy children.

Each of the subsequent 19 patients seen after the original case were shown to have allergic or allergy-like sensitivities that affected them to varying degrees. This investigation guided many findings that

were of great importance to these cerebral palsy volunteers.

In addition to the symptoms already noted in the first patient, systemic provocation tests induced many responses having profound implications for almost every patient we studied. A nine year old girl became very nasty after challenge with pineapple extract; automobile exhaust, house dust, aspergillis and honey made her lethargic; tomato disturbed her co-ordination, apricot made her dizzy, and egg and cheddar cheese caused involuntary movement of her legs.

An eight year old girl had one of her usual blackouts from penicillium; egg, brewer's yeast, peanut and ethanol made her sleepy; ethanol also induced a typical episode of frustrated crying accompanied by biting and scratching.

A three year old girl had a mild seizure from dust mites which also caused her to fall asleep. She had seizures from ethanol and tree pollen extract. Peas caused tightening of the muscles in her arms and a tree, flower and shrub spray (*Maltox*) caused disorientation. Nasal congestion resulted from chlorine, wheat, and a 15-weed pollen mixture.

A twelve year old girl became sleepy from beef extract, had a "startle" spasm from pork and developed nasal congestion from egg, grape, baker's yeast and navy bean. Other patients experienced important test evoked reactions including silliness, hyperactivity, staring spells, loss of balance, slurred speech, extreme irritability, loss of coordination, muscle spasms, agitated behaviour, loud vocalizing, fighting, screaming and kicking, depression, disorientation, euphoria, listlessness, sore throat, hysterical behaviour, vaginal and rectal pain, stuffiness, drooling, inability to hold the head up, flapping movements of the arms and great difficulty in standing and walking due to uncontrollable shaking of the legs.

To date we have had many positive and encouraging reports from parents of the cerebral palsy volunteers. Many of these children and



young adults have experienced significant improvements. Food elimination and rotary diversified diets have been highly beneficial; several patients are receiving allergic desensitization treatments. *There is a biologically sound way to treat many of these life-long conditions. They are bio-ecologic illnesses that do not have to be borne with patient resignation any longer.*

The findings of this investigation are similar to those of previous bio-ecologic studies conducted by the author. As expected, no particular inhalant, food or chemical caused the same symptoms in each patient. Each given substance was found to evoke different symptoms in different cerebral palsy subjects. This is consistent with thousands of the author's previous observations indicating that the manifestations of sensitivity to various environmental incitants are unique, patient-specific reactions.

It is evident from the data in the study that one cannot overlook the possibility that almost any environmental substance may be responsible for health problems in any individual afflicted with cerebral palsy and its commonly associated bio-ecologic disorders.

Our test results and the patient responses to management based on this information have made the author very optimistic. There is an excellent possibility that ecologically oriented physicians can make life happier and more comfortable for many children and young adults who are victims of the cerebral palsy bio-ecologic syndrome.

There are 500,000 cases of cerebral palsy in the United States who should have an opportunity to be carefully evaluated. The author is certain that many of them suffer needlessly from serious dysfunctions that have been erroneously accepted as the inevitable sequelae of cerebral palsy.

The author wishes to emphasize his conclusion that the sites of biologic weakness resulting from the original cerebral palsy initiating injury have been permanently affected

in a manner that permits interactions between environmental incitants and structurally or biochemically damaged cells.

Considerable enthusiasm has been generated because of the relief obtained from systemic disorders as well as the neuromuscular, mental and behavioural improvements that have been achieved in these patients. There has been a reduction in seizures, decreased muscle pain, reduced irritability, increased mobility in limbs, improvement in balance, beneficial changes in mood and personality, and the reduction or elimination of many extraneural ailments.

The highly encouraging findings of this limited study should not be interpreted as evidence that all cerebral palsy patients can be helped, but the author believes that it seems highly probable that an overwhelming majority of them can achieve an increased level of physical and mental comfort and improved performance through utilization of the diagnostic and therapeutic methods of Clinical Ecology.

### **Chemical Avoidance by Changes in Lifestyle — by Bruce M. Small, P. Eng.**

There has been considerable discussion over the past several years about "ecological" housing, that is, housing that has been designed to be as free of chemical contamination as possible.<sup>1</sup> Much of the focus has been on building materials and methods, since many of the sources of contamination in an average home are in fact the materials of which the building is made, or that it is furnished or decorated with.

There has at the same time been much effort on the part of people like Mr. Frank Silver to draw to people's attention that the home contains many items that can be dangerous to the chemically sensitive person, apart from what the home is itself made of. He has described, for example, the routine checks that he has been able to perform in patients' homes to assist them in identifying and removing

volatile chemicals and other pollution sources.<sup>2</sup>

But there is another area that deserves some attention along with the rest, that can in many cases reduce the total chemical load on a patient by very significant amounts. It is the area of lifestyle - how we perform our daily activities, no matter what surroundings we are in. Often there are many choices open to us in how we go about these daily activities. The amount of chemical pollution varies widely from choice to choice.

The simple act of reading a book or newspaper is one example. We have a wide range of choices available to us. If I have special equipment, such as a reading box, I can read a newspaper in a way that separates me from the odours of the print and paper. But very few patients actually have reading boxes.

The patient without the reading box has a choice. He can stand or lean over the newspaper with his head close to the surface. He can sit erect, head back from the surface. He can read in a badly-ventilated room, or he can read with the window open, or outside. He can read it fresh, or after someone else has read it. He can also consider getting his news some other way, by radio or television, for example.

The example is a simple one, but it demonstrates an important point. Any single activity can be accomplished in a dozen different ways. Often no two ways are identical in the amount of chemical exposure they subject the patient to. Making choices on the basis of exposure could be an effective way of reducing the total load on our bodies.

A number of other examples will be reviewed in the presentation, showing the many choices available. In each case, the choices range from changes in our patterns that can be made with no cost, to changes that can only be made with some investment in various articles or inventions, for example, a venting system or a reading box in the case of the newspaper.

Because there are many options available, there are often actions that can be taken immediately, without cost, and without any changes to the physical surroundings. In some cases specific sensitivities, for example, to natural gas, are so exquisite that there really is no choice. Some patients must change the heating systems in their houses, or move, without hesitation, or they will continue to deteriorate. Others with a wider array of less major sensitivities may have the time to experiment with lifestyle options before actually making decisions involving a great deal of investment.

Not only is the concept of lifestyle important when acquainting the new patient with the treatment of chemical sensitivity, it is important for the veteran patient who may have invested a great deal of time, effort and money in getting surroundings for himself that are less contaminated than his original house and place of work. Here again there are always day-to-day choices. They do not stop with the building of an ecological house, they continue forever. The veteran patient still has the choice of walking upwind of the car in the driveway rather than downwind where the exhaust plume is, of reading newspapers in badly-ventilated places or well-ventilated places, or not at all, and so on.

There is so much potential for pollution in modern every-day activities, that is, in our modern lifestyle, that even if you have a building made of glass or porcelain, you can pollute yourself just as much in it as in any other building, if your lifestyle does not take into account low-pollution choices for activities.

Dr. Ross Hume Hall, noted Canadian biochemist and author of *Food for Nought: The Decline in Nutrition*, has introduced a useful concept in the field of nutrition. He describes four levels of eating, from the most desirable, level 1, to the least, level 4. Level 1 contains whole natural foods, in their freshest, least processed form. Level 4 contains

highly processed foods, junk and so-called artificial foods.

The concept is useful because the arbitrary divisions of foods into the four levels allows the patient a simple tool for evaluating his nutrition. Most patients start out on level four, where the majority of North Americans eat much of the time. Since the system allows four levels, the patient can see what he would have to do to improve his nutrition, short of eating perfectly. He can see what to do to go from Level 4 to Level 3. Once at Level 3, he can assess how to get to level 2. If anything on level 1 is easy to get (e.g. raw carrots or other vegetables), he can jump immediately. If it is not easy (e.g. organically raised meat), he can get some satisfaction and possibly improvement in the interim by moving up at least one whole level.

The concept can also be applied to chemical exposures, to buildings, to activities or lifestyle. Reading a newspaper in a level 1 manner would entail the least possible contamination, (for example, reading it in a vented reading box). Reading it in a level 4 manner would entail the most possible contamination, (for example, reading it in a poorly ventilated room with your nose buried in the middle).

A house with every detail designed with ecology in mind might be a level 1 house. What we all live in before we make changes could have been a level 4, (for example, something with new synthetic rugs, a leaky gas furnace, and a mouldy basement). A chemically sensitive patient may shoot for a level 1 lifestyle (least possible contamination) rather than a level 4 (most possible contamination). We all end up achieving somewhere in the middle.

Using the tool, a patient may understand that it may make no sense to spend many thousands of dollars on a Level 1 building if his family wish to live in it in a Level 4 manner (for example, by continuing to smoke.) Filling a cleanly built house with volatile materials and junk that collects dust will not provide the

patient with the level 1 level of exposure that he is looking for. If the overall exposures are to be kept low, more than a few small aspects of surroundings and lifestyle must be looked at.

Conversely, a patient may be able to make the best of a level 3 or 4 house by working hard to achieve a Level 1 or 2 lifestyle within that house, eating at Level 1 or 2, etc. A patient may attempt to sleep at Level 1 in order to be able to work during the day at a level 4 job that he cannot immediately leave. Ecological management works on the supposition that we hope will be supported, that avoidance of chemical exposures will improve a patient's tolerance for chemical exposures.

In the long run, we expect that it will be important to produce educational materials, films and seminars, so that patients can learn new ways of doing old activities - learn the less-polluting choices that will help maintain the patient's freedom of activity. Design of 'ecological' buildings must bear in mind architectural features that make a low-pollution lifestyle easy.<sup>3</sup>

Education of the general public and of children in particular to the choices they have in the level of chemical exposure they experience may also play a role in the prevention of ecological illness.

## References

1. *Principles of Sound Ecological Home Design and Construction*, by Bruce M. Small, P. Eng., Twelfth Advanced Seminar In Clinical Ecology, Key Biscayne, Florida, Nov. 16, 1978.  
*Chemical Exposures in the Home Environment*, by Bruce M. Small, P. Eng., Thirteenth Advanced Seminar in Clinical Ecology, San Diego, California, October 27, 1979.  
*Bardil (barrier dilution) and Barfl (barrier flush): A Useful Concept for Ecological Patients*, by Don L. Jewett, M.D., Ph.D., Thirteenth Advanced Seminar in Clinical Ecology, October 31, 1979.
2. *Indoor Air Pollution: Ecologic House Call for Detection of*

Sources, by Frank Silver, P.E., Twelfth Advanced Seminar in Clinical Ecology, Key Biscayne, Florida, November 15, 1978.

3. Ecological architecture and lifestyle are discussed in the author's book, *SUNNYHILL - The Health Story of the 80's*, which describes how he and his family came to develop Sunnyhill Farm, their prototype ecological home and halfway house northeast of Toronto, Canada. (SMALL AND ASSOCIATES, Publishers, R.R.I, Goodwood, Ontario CANADA L0C 1A0, \$13.95 US/\$15.45 CAN including postage).

### Nutritional Analysis of Rotary Diets — by Deborah Lynn Dadd

*The following presentation addressed a subject of interest and concern to many allergy patients — are we getting adequate nutrition? The paper refers to a new publication called "Nutritional Analysis System Manual", which is available for \$13.95 US including postage, from Nutrition Research Publishing Co., 1737 Union Street, San Francisco, California 94123.*

The treatment of ecological illness, of which food sensitivities are a major part, places the patient and physician in a most perplexing situation with regards to adequate nutrition.

Clinical Ecologists have found that the safest and most effective methods of treatment require that patients follow a Rotary Diversified Diet and also strictly avoid the foods which cause reactions. The result, during convalescence, is that the nutritional status of the patient is often suboptimal and may, at times, approach subclinical malnutrition.

Experience has shown that such patients suffer fewer adverse reactions when the food they eat has been grown under circumstances providing the least contamination with pesticides and preservatives containing phenolic compounds. Hence, the patient is urged to eat only home grown

food or food that has been certified to have been grown under conditions meeting the requirements listed above. Naturally, such restrictions limit the diet even more severely.

Many patients have adverse reactions to nearly all commercial foods. The list of foods which do not cause reactions and are therefore considered safe to eat, may be very limited indeed.

In order to minimize the chances of becoming sensitized to nonreactive foods, the patient is warned to eat only one such food per meal, and to repeat that particular food in the diet no more frequently than at four day intervals.

It is also recommended that foods from the same botanical family be eaten no more frequently than every two days. Thus, for each individual patient, a Rotary Diversified Diet is constructed, with priority being given to both the hypoallergenicity and the botanical classification of each food.

In clinical practice, one has to manage patients who are able to eat only rare, unusual, and sometimes hard to find foods. A typical diet may consist of only the following foods: apricots, brown rice, apples, lentils, swiss chard, rabbit, celery, broccoli, yellow squash, pink grapefruit, sweet potatoes, kidney beans, papaya, cantaloupe, sesame seeds, and almonds. A Rotary Diversified Diet must then be prepared using only this list of foods, even though the nutritional value may be inadequate.

Arranged according to food family classification, the rotation diet might look like this:

#### Day 1

apricot (rose(*pommel*))  
yellow squash (gourd)  
almond (rose(*stone*))  
broccoli (mustard)

#### Day 2

brown rice (grass)  
pink grapefruit (citrus)  
sesame seed (pedalium)  
celery (carrot)

#### Day 3

apple (rose(*pommel*))  
sweet potato (morning glory)  
cantaloupe (gourd)  
rabbit (hare)

#### Day 4

lentil (legume)  
kidney bean (legume)  
papaya (papaya)  
swiss chard (goosefoot)

It is critical to provide adequate nutrition when a patient begins to eat such a rotation diet, and it becomes even more important the longer the patient continues a limited diet. After a few weeks on the diet, a variety of troublesome symptoms often develop which may be quite different from the patient's usual allergic response. This event may signal the onset of specific nutritional deficiencies, which we have come to recognize as a predictable side effect of such limited diets.

At this point in the care of the patient, it is obviously desirable for one to subject the individual components of such a limited rotation diet to critical nutritional analysis, in order to anticipate which vitamin, mineral and other deficiencies are likely to develop.

Unfortunately, at the present time, the only method of obtaining the required nutritional information is from reference sources in the university libraries. Regrettably, there is no single textbook which contains a complete and comprehensive list of the major nutrient values for the raw food selection available to the American public. This information may have been entered into computers in various locations, but it is not easily accessible to the average person. Moreover, very little information is available on rare, exotic and unusual foods, which form an important part of many allergic patients' diets.

The present study was initiated to overcome this difficulty. A comprehensive nutritional survey was carried out on over 700 foods and the results tabulated in such a way that a physician can now readily discover the vitamin and mineral deficiencies

in the recommended rotation diet, and also determine which other foods are abundant in the specific nutrients so they can be recommended as natural dietary supplements.

All the data has been collected, simplified, and assembled into a small manual, known as the *Nutritional Analysis System*, which contains:

1. Encyclopaedic tables of over 700 listings of foods in their natural and cooked states, food family relationships and *Nutritional Analysis System* values
2. Tables listing those foods which are unusually high in multinutrients.
3. Tables of foods containing each nutrient listed in descending order of content.
4. Table containing *Nutritional Analysis System* values for the 9 essential amino acids of nearly 200 foods.
5. Tables of the 4 limiting amino acids, listing foods containing each, in descending order, and recommended combinations of protein sources which maximize the utilization of available amino acids.
6. A comprehensive food family classification listing.
7. A compilation of plant and animal phenolic acid components of 100 major foods. These are naturally occurring purified food chemicals, e.g. cinnamic acid, gallic acid, rutin, phenylalanine, etc., which act as specific allergens, in some patients, and may be the major etiologic agents in food allergy.

When the diet under discussion was analyzed for nutritional content using the *Nutritional Analysis System* manual, it was found to contain no Vitamin D. The diet is low in calories and carbohydrates and is seriously lacking in niacin, vitamin B6, folic acid, pantothenic acid, sodium, potassium, and zinc.

Slight deficiencies of thiamine and riboflavin are also evident. Not enough information is available from any source to determine the adequacy of manganese, chromium, selenium, and biotin. Although adequate protein exists, the foods are not combined in such a way as to achieve a high protein efficiency ratio.

The human body has a constant need for nutrients. However, it is quite flexible in adjusting to fluctuations of nutrient intake. The body tends to conserve essential nutrients when intake is inadequate and store some nutrients when intake is greater than is needed at that particular time. Therefore, except for protein, it is more important to consider the general intake of nutrients over the 5 to 8 day period, rather than meeting the requirements daily.

The body's ability to store these nutrients differs with the type of nutrient involved. Fat soluble vitamins, such as Vitamin A, can be stored by the liver in sufficient quantities to last for several weeks, provided adequate amounts have been consumed. Water soluble vitamins are not conserved over long periods of time.

Inadequate protein intake can have the most immediate ramifications, due to the requirement of all the essential amino acids to be present simultaneously for protein synthesis to occur. This has obvious clinical significance and symptoms occur when the same nutrients are missing from the diet repeatedly or are present in insufficient amounts on a daily basis.

After the specific nutrient content and amino acid quality of all the foods in the diet are known, it is possible to arrange the rotation of the foods to provide the most complete balance of amino acids and to accurately predict which of the 26 most important nutrient deficiencies are likely to occur. It can then be determined which foods, or tolerable supplements, need to be added to the diet to make up for the stated deficiencies.

As soon as the rotation diet has been initiated, one should make therapeutic efforts to prevent the development of nutritional deficiencies by the administration of commercial vitamin and mineral formulae. The difficulty encountered is that often the allergic patient is, or becomes, hypersensitive to the myriad of chemicals used in the tableting process or

even to the phenolic compounds contained within the molecular structure of the vitamins themselves.

Of course, one must know the specific nutrients in which his patient's diet is most lacking in order to prescribe precise supplementation with the individual appropriate nutrients. This method is far safer and more effective than merely recommending the inclusion into the diet of a multiple vitamin and mineral formula preparation at 4 day intervals.

The *Nutritional Analysis System* was also used to evaluate the efficiency of amino acid utilization in the diet just described. It was found that the arrangement of the foods by food family resulted in insufficient protein utilization, even though ample total protein was available each day.

Therefore, in the following listing we have constructed a different rotation diet, using the same 16 clinically tested foods. They have been combined in such a way as to achieve the highest possible amino acid utilization. In addition, we have recommended certain supplementary foods to specifically make up for nutrient deficiencies, resulting in a much more nutritious rotating diet. Obviously, there will be some patients who will be able to tolerate a few additional foods and others who will not. The supplementary food is shown in bold print at the bottom of each day's list.

#### Day 1

brown rice (grass)  
lentil (legume)  
swiss chard (goosefoot)  
papaya (papaya)  
**swiss cheese (bovine)**

#### Day 2

rabbit (hare)  
sweet potato (morning glory)  
yellow squash (gourd)  
apricot (rose (stone))  
**sunflower seeds (composite)**

#### Day 3

kidney bean (legume)  
sesame seed (pedalium)  
celery (carrot)  
pink grapefruit (citrus)  
**mushroom (fungi)**

Day 4

almond (rose (stone))  
broccoli (mustard)  
apple (rose (pommel))  
cantaloupe (gourd)  
pheasant (pheasant)

Foods chosen as supplements were chosen for their nutritional value, not for their hypo-allergenicity. This is only an example of what can be done if these foods are tolerated. If they are not tolerable foods, other foods can be tested that would also help complete the nutritional picture.

When swiss cheese, sunflower seeds, mushrooms, and pheasant are added to the diet, the previous deficiencies of niacin, pantothenic acid, thiamin, riboflavin, and chromium are well satisfied. The diet is still low in calories and carbohydrates and deficient in Vitamin B6, folic acid, biotin, sodium, potassium and zinc.

Not enough information is available from any source to determine if the requirements for manganese and

selenium are met. Vitamin D is still missing from the diet, but that can be easily supplemented by having the patient spend time out-of-doors, since the body can synthesize vitamin D from sunlight.

In the past, the technicalities of nutritional analysis and dietary recommendation have been difficult to understand completely and put into practice. One of the principle reasons is that the daily dietary recommendations are expressed in a variety of ways. For example, values are expressed in grams, milligrams, micrograms, international units, etc., for differing amounts of food.

From source to source, measurements for the same nutrient are often expressed in different value systems, leading to even greater confusion. The *Nutritional Analysis System* was created to simplify this problem. Full details of operation of the system are contained in the manual.

The major clinical point of this study has been to develop a simple system that allows a physician to identify and correct specific and individual nutritional inadequacies in a

16 food, 4 day Rotary Diversified Diet, or any diet for that matter.

We have shown that by altering the rotation pattern and rescheduling the food intake in specific combinations, the amino acid utilization of protein quality can be improved. The use of the *NAS* manual makes it easy to discover what specific nutritional deficiencies are present in the diet and which additional foods and/or commercial supplements should be recommended to prevent malnutrition.

The *Nutritional Analysis System* values supplied in the manual may also be used to establish a priority system for allergy food testing. Foods with nutritive values complementary to those already found to be test-negative should be evaluated next so as to arrive at a nutritionally balanced diet list as soon as possible.

Preventing subclinical or clinical malnutrition is a priority target for all professionals engaged in diet management. The system and tools outlined above greatly simplify this task, and have also proved to be helpful in gaining patient co-operation in achieving this goal.



News Brief — Fertility risk in air pollution

(Toronto Star, Winter 1981 from UPI) Air pollution could be responsible for a future drop in the population. A study published recently said pollutants "could over the years cause cancers" of the reproductive organs and affect the quantity and quality of sperm and hormone levels in both men and women. The six-year study, carried out at Ohio University and Hamilton College, New York, said the risk of fertility damage through pollutants increased with age.

## Further Studies Confirm Formaldehyde Danger

*In late November of 1980, the New York Times News Service reported that the U.S. Consumer Product Safety Commission staff has urged strongly that the commission should move to ban insulation that contains formaldehyde. The following are excerpts from the article, which one of our readers noted in the Sarasota, Florida Tribune.*

The Consumer Product Safety Commission staff, alarmed by a new federal study linking formaldehyde to cancer, has urged the commission to ban insulation that contains the chemical.

Pointing to the study's conclusion that "formaldehyde poses a cancer risk to humans," the staff told the five commissioners that the urea-formaldehyde foam insulation — now found in more than 500,000 homes, poses a significant health risk.

All further production, sales and installations should be stopped, the staff said in a special briefing for the commission. If adopted, the ban could be the first of several affecting a wide variety of consumer products containing formaldehyde. The staff is also investigating plywood and particleboard that use formaldehyde as a glue to hold wood chips and plies together.

In the case of urea-formaldehyde insulation, the commission has already received 1,550 letters from homeowners who have complained of nausea and vomiting, respiratory problems, headaches, rashes, eye irritations, and severe nose bleeds.

Yet, the latest findings of cancer are causing even more concern. The findings were made by a team of 16 government scientists, all cancer experts, who worked at agencies other than the CPSC.

Their conclusion was based in large part on the preliminary results of a two-year test just completed by the Chemical Industry Institute for Toxicology in North Carolina.

In that test, 240 rats were exposed to large doses of formaldehyde for six hours a day, five days a week over a period of 18 months. One year after the test began, three rats had developed cancerous tumours in the nose; after two years, 95 rats had tumours. Additionally, even at lower doses of formaldehyde, three rats had tumours.

The same number of mice were also tested. However, none developed tumours under the low level and only two had tumours at high doses.

In other experiments, the scientists noted, formaldehyde has been linked to birth defects.

These conclusions follow the findings made earlier this year by the prestigious National Academy of Sciences. That study concluded that even at the low levels now found in many homes, formaldehyde poses a significant health risk.

## New Group Fights for Formaldehyde SUFFERers

During 1980 a new and highly organized group known as "SUFFER" (*Save Us From Formaldehyde Environmental Repercussions*) was established under the able leadership of Mrs. Connie Smreck of Waconia, Minnesota.

Their newsletter is called *The Environmental Guardian* (subscription \$10 US per year to SUFFER, 108 East Lake St., Waconia, Minnesota 55387).

The introductory issue last June describes SUFFER as a grassroots type organization established by concerned persons who have suffered from the health, emotional and financial effects of living and working in areas contaminated by chemical substances, the most prevalent being formaldehyde.

SUFFER provides information and educational material to the public about possible hazards, remedies and safeguards involving chemicals used in construction and remodeling of home and work areas.

The group also aids families who have in fact suffered from the effects

of chemical poisoning especially from sources over which they have no control.

SUFFER states its more general purpose as being to promote the general welfare of the public and preserve the right of the individual to live and work in an environment free from hazards produced by the use of chemicals which can be detrimental to his or her general health and well being.

Your *Quarterly* editor will be meeting with the SUFFER group in Minneapolis in late March, and will keep HEF informed of new developments in this area. The aims of both groups are extremely close, and we hope to be able to maintain a close alliance that will be mutually beneficial.

## Modern Life Erodes Inuit Health

(*Toronto Star, Winter 1981*) Inuit seem to be sacrificing their health as well as their traditional way of life to "modern" civilization, suggests a study published in the Canadian Journal of Public Health.

The study shows the trend away from breast-feeding has led to more young children having problems with diarrhea, recurring respiratory infections and inflammations of the middle ear.

And adults who have severed ties with traditional lifestyles are more likely to be overweight, have dangerously high levels of cholesterol in their blood and suffer from chronic alcohol abuse.

The study was conducted by northern health researchers in 1976 and 1977 and compared residents of Inuvik and Arctic Bay, two radically different communities in the Northwest Territories.

Inuvik, near the mouth of the Mackenzie River, was built in the mid-1950s and now is the largest urban centre in the Arctic. Native peoples make up a minority of the town's more than 3,000 residents.



## NEWS BRIEFS (continued)

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY VOL. 4 NO. 1 WINTER 1981 PAGE 19

Arctic Bay is an Inuit community of fewer than 400 on Baffin Island which still depends largely on hunting and fishing and whose social structure and customs have remained largely intact.

The article says the trend to bottle-feeding of infants became "overwhelming" in Inuvik some five to 10 years ago, while Arctic Bay mothers still prefer breast-feeding.

What the researchers found in both communities was that bottle-feeding increased the risk of diarrhea and respiratory and middle ear infections that have become a major problem among native children in the North.

The study said skinfold measurements to determine excess fat on the body were three times as great among men in Inuvik as those in Arctic Bay. Women in Inuvik had

measurements two to three times as great as in Arctic Bay.

These findings were consistent with high levels of cholesterol in the blood of Inuit living in Inuvik. The percentage of men and women in the high-risk category was nearly three times higher than in Arctic Bay.

Some of the reports of obesity appear related to alcohol abuse as well. No chronic cases of abuse were found in Arctic Bay, but a total of 34 cases were found in those studied in Inuvik.

### Ill Wind Blows in Headaches

(*Toronto Star*, Winter 1981) It's a southern wind that blows no good for Metro migraine sufferers.

A study by Environment Canada and the Migraine Foundation has found that migraine headaches often worsen when winds blow into Metro from the south.

When the winds combine with falling barometric pressure and unstable weather, people susceptible to the headaches could be in for an especially bad time, the study says.

It noted that southern winds do not trigger the attacks but do seem to aggravate the headaches. It also scotched suspicions that a change in pressure alone is the principal villain that promotes migraines.

The study, based on the experiences of 130 local participants, said warm, dry air, light winds and a high and constant barometric pressure are the most trouble-free conditions for migraine sufferers.

But a high humidex reading — a measure of discomfort on hot, humid days — and glare from snow on bright, sunny days have also been known to aggravate migraines, the study said.

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Alex Caron, former biologist turned organic farmer, is about to start contract growing operations near King City, Ontario (north of Toronto).

Among his plans are contract organic vegetables, involving a simple agreement and deposit prior to the growing season. Garden plots may be available for the more adventurous and energetic of our readers, and there may also be a pick-your-own garden.

For more details, contact Alex Caron, R.R.#3, King City, Ontario L0G 1K0 (Tel: (416)-727-8953).

### 2. Clinical Ecology Educational Material

Some of our readers are already aware of Dr. Lawrence Dickey's book service for texts on clinical ecology.

We have enclosed an up-to-date book list from this service. The address for future reference is *Clinical Ecology Educational Material*, Dickey Enterprises, 635 Gregory Road, Fort Collins, Colorado 80524.

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Hugh Pearson, former executive director of the Society for Emotionally Disturbed Children in Montreal, leaves his mark wherever he goes. Now in Victoria, B.C., he has helped to set up a book service on health, nutrition, clinical ecology and learning disability, for the local chapter of

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For a book list and further information write to: *South Vancouver Island Association for Children with Learning Disabilities*, P.O. Box 165, Victoria, B.C. V8W 2M6.

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Our last full book listing was given in the Fall 1978 *HEF Toronto Quarterly*. At that time, we gave a full listing of the books available through the book service of the Society for Emotionally Disturbed Children in Montreal. We will again soon, but in the meantime will give the address below.

Please note that the Society has recently changed its name to "The Society for Emotional Development in Children", and has also moved its offices.

For an up-to-date book list, further information and membership form, write to: *Society for Emotional Development in Children*, 1181 rue de la Montagne, Montreal, Quebec H3G 1Z2 (Tel: (514)-861-1527).

### 5. Cotton and Other Ecology Products

Since the *Sunnyhill* story went across the continent in the January 13th issue of *Family Circle Magazine*, we have been receiving catalogues from a number of suppliers of cotton goods and other household items that may be of use to our members. We have *not* tested any of these products.

1. Neat Stuff, 60 Oak Street, Ellsworth, Maine, USA 04605. (free catalogue of cotton clothes, cotton, wool and silk stockings, dolls, sweaters, wood toys and other items. Charles and Eileen Newton, owners.)
2. Herrschners, P.O. Box 1746, Toronto, Ontario M4G 4A3. (free catalogue includes linen and cotton yard goods, linen, wool and cotton crafts.)

3. Deva, P.O. Box C, 303 East Main St., Burkittsville, Maryland, USA 21710. (some cotton clothes, ask for brochure and order form.)
4. Ecologist's Cotton Co-op, 2986 Talisman Dr., Dallas, Texas, USA 75229. (Cotton clothing, bedding and barrier cloth.)
5. Exotic Silks, 752 State St., Los Altos, California, USA 94022. (free catalogue of silks and cottons from the Far East.)
6. Garnet Hill, Box 262, Franconia, New Hampshire, USA 13580. (free catalogue includes natural fibre bedding, some clothing.)
7. Cotton Dreams Clothing Co., 212 Domer Ave., Takoma Park, Maryland, USA 20012. (free catalogue of children's wear, cotton shoes with vinyl soles, and socks.)
8. Carol Brown, Handwoven Irish Tweeds, Putney, Vermont, USA 05346. (free catalogue of imported and domestic natural fibres.)
9. Erlander's Natural Products, Box 106, Altadena, California, USA 91001. (free catalogue of wool and cotton bedding, clothing, cotton and wooden toys.)

### 6. California Organic Produce

We have recently been told of another California organic supplier that will ship fresh fruit and vegetable produce by air. Dry products are also available.

For further information, write to: *Sunburst Farms Natural Foods*, 5786 Hollister Ave., Goleta, California USA 93017.

If any of our local Ontario readers are interested in combined shipments to reduce air freight costs, please get in touch with Barbara Small at the HEF Canada Quarterly Office, R.R.#1, Goodwood, Ontario L0C 1A0 (Tel: (416)-294-3531).

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Mrs. Jennie Mansell of Oakville, Ontario, has taken on the task of being a supplier of *Kloramine NP-204*, a low-odour industrial detergent that has worked well for many ecological patients. The detergent was previously available from Dr. John

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## PRODUCTS (continued)

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MacLennan or through S&A Natural Products in Goodwood.

Mrs. Mansell can supply the detergent in gallon containers, or smaller quantities if people bring their own containers. The price is \$14.50 per gallon, or \$1.40 per lb. It can be shipped at an extra cost of \$3.50 per gallon. Shipping is by United Parcel Service, which charges a minimum weekly pickup fee, so parcels must be grouped and readers should allow several weeks for delivery.

Our thanks to Mrs. Mansell for providing the service and for purchasing a 45-gallon drum of the detergent so that others can continue to get their needed supplies.

Readers can contact Mrs. Mansell at 242 Chartwell Road, Oakville, Ontario L6J 3Z9 (Tel: (416)-845-5707).

### 8. Ecological Rooms For Rent

Amaeru Health Clinic in Sulphur Springs, Arkansas is offering ecologically safe rooms in two houses — one for men, one for women and couples. Kitchen privileges. All electric, detached garage, garden space. In rural village next to Shiloh Farms.

Optional resources include organic food, nutritionist, registered nurse, psychologist, spiritual counselors, laboratory, and a sympathetic community. Range of \$90.00 (US) a week including utilities, laundry, phones, etc. — organic meals \$30.00 extra.

Contact Warren Clough, P.O. Box 97, Sulphur Springs, Arkansas, USA 72768 (Tel: (501)-298-3297 or 298-3304).

### 9. Readers' Experience

*We would like to have a continuing section outlining our readers' experience with household and medical products.*

*Igor Tertysznyj of Mississauga has offered a number of tips for this issue:*

#### Intertherm Heaters

Intertherm heaters are no longer available unpainted.

In fact, of the two portable models EP (original) and SP (new slimline), the SP even has its heat radiating tubes and fins painted. EP has bare copper tubes and aluminum fins, baked enamel finish, and smells. If front panel and anti-rattle foam strips on the front and back of the fins are removed, the smell level becomes acceptable (personally).

Information on local dealers can be obtained from Greg Lund Products Limited, 521 North Service Rd., Box 760, Oakville, Ontario L6J 5C4 (Tel: (416)-845-7558).

Prices are Model SP (1200 watts) \$200.00; Model EP (1380 watts) \$160.00.

#### Activated Charcoal

Bulk Charcoal (bituminous type, brand BPL 4x10) is available in five gallon pails from Calgon Canada, 27 Finley Road, Bramalea, Ontario L6T 1B2 (Tel: (416)-457-5310). Price for the pail, including taxes, is \$69.98.

#### Filters

HEPA air filters and many other types except charcoal are available from Air Filter Sales and Service, in Toronto. Consult your local listings.

#### Felt

Felt for sealing doors, reading boxes, etc. (1/4 in. white) and all other types available at reasonable prices from Colorbelle Ltd., Toronto.

#### Air Conditioning

As far as window air conditioning goes, Fedders seems to be mostly metal, including the fan. Fibreglass insulation on inner surfaces and plastic front panel can be removed.

#### Glue

A relatively innocuous general purpose glue is *Weldbond*, widely available.

#### Liquid Soap

A good organic, concentrated liquid soap for laundry, dishes, vegetables and general household use is *Nature Clean*, available at Baldwin Natural Foods, Toronto.

*Mrs. Kay MacLennan of Hamilton also writes:*

#### Blankets

Last fall *Esmond* put on the market a 100% cotton waffle weave blanket. They are available at Miracle Mart Stores, as follows: 180 cm. X 230 cm. (72" X 92") sells for \$28.99, and 210 cm. X 230 cm. (82" X 92") sells for \$32.99; beige or light blue available.

*Readers are always cautioned that experience of others, while helpful, may not apply to everyone. Careful testing against your own individual sensitivities is advised. We are grateful to this issue's contributors and look forward to more tips from other readers in the future.*

### News Brief — Ottawa confirms helping U.S. army test defoliants

(Toronto Star Ottawa Bureau, Winter 1981) The Canadian armed forces worked with the U.S. Army in testing chemical defoliants in New Brunswick during the Viet Nam war, the defence department has confirmed. The testing, according to a U.S. Army document, was carried out over hundreds of acres of land at Canadian Forces Base Gagetown in 1966. Involved were nine highly toxic chemicals, including a defoliant that came to be known as Agent Orange, which has been blamed for cancer, birth defects and other health problems. The official confirmation came after two New Democratic MPs obtained a copy of the document. A department spokesman said yesterday the department was only interested in "obtaining technical information and assistance on range clearance and brush control." He indicated he did not know whether American authorities told the government the chemicals would be used in Viet Nam.

## POETRY

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY VOL. 4 NO. 1 WINTER 1981 PAGE 22

*Wanda Wilson of Toronto has offered the following poem that may help others to understand the plight of the chemically sensitive.*

(Thoughts From the Chemically Sensitive)

### Did You Know

We have some difficulty  
Living in this world of yours  
Yes, it's supposed to be our world too  
But it's slowly slipping away

We are of strong mind and soul  
Willing to take up the challenge  
To fight for and preserve what is ours  
You appear well, you mustn't be sick

Have a drink, take a pill  
Light a cigarette, have some tea  
Eat a donut, have a hotdog  
Things can't be as bad as you say

Can't they though!!!

The drink, the pill  
The cigarette, the tea  
The donut, the hotdog  
Leave us ill, gasping for breath

We're not looking for pity or sympathy  
We learn to cope and carry on with life  
We're looking for understanding and support  
Not closed minds, shrugged shoulders, a couch to lay on

We must communicate together with opened minds  
Searching and seeking out suitable alternatives  
It's every man's right to have a clean place to live  
Absence of these rights harm some more than others

We're really no different than you  
We want to live our lives as fully as you  
Working together in the years to come  
We may come to enjoy your world more  
And never have to welcome you to our world

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### News Brief — Pollution kills 53,000 in U.S. each year

(Toronto Star, Winter 1981 from AP, Cambridge, Mass.) An estimated 53,000 Americans die each year from industrial air pollution, a Harvard University study says. It recommends the U.S. government should tax industry for pollution pumped into the air. The money collected, an estimated \$53 billion a year, should be given to the people living near polluting plants and forced to breathe the dirty air, the study recommends.



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# **CLINICAL ECOLOGY**

## **Educational Material**

Clinical Ecology is an orientation in medical practice that considers *health* as the adapted response to environmental excitants and the maladapted state as *ecologic illness* as it is modified by individual susceptibility with the patient reacting as a biologic unit.

In order to better cope with the adverse reactions to environmental excitants it is essential that the patient and family become aware of the excitants that produce these reactions.

The publications listed have been found useful in aiding both doctor and patient in the management of ecologic illness.

***Inquire about quantity discounts.***

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2 Human Ecology & Susceptibility to the Chemical Environment Theron G. Randolph, M.D.	12.50		
3 Food Allergy Rinkel Randolph & Zeller	13.50		
4 Basics of Food Allergy J.C. Breneman, M.D.	35.75		
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6 Food Allergy, 2nd printing Joseph B. Miller, M.D.	7.75		
7 Clinical Allergy Harris Hosen, M.D.	11.00		
8 Are You Allergic? William Crook, M.D.	4.50		
9 Can Your Child Read? Is He Hyperactive? William Crook, M.D.	5.50		
10 Tracking Down Hidden Food Allergy William Crook, M.D.	4.50		
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12 Clinical Ecology Procedures Manual L.D. Dickey, Editor	15.00		
13 Understanding Allergies, 2nd printing J.J. Gerrard, M.D.	5.25		
14 Food Allergy and the Allergic Patient, (Second Edition) E. Louis Taube, M.D.	5.50		
15 Dr. Mandell's 5-day Allergy Relief System hardback Marshall Mandell, M.D. & Lynne Waller Scanlon paperback	10.95 3.25		
16 Compendium Virginia Livingston Wheeler	25.00		
17 Physician's Handbook of Nutritional Science Roger J. Williams, Ph.D.	12.75		
18 Multiple Sclerosis—A Personal View paperback Cynthia Birrer	10.75		
19 Coping With Your Allergies by Natalie Golos	14.95		
20 Mental and Elemental Nutrients Carl C. Pfeiffer, Ph.D., M.D.	11.50		

21 Allergies and the Hyperactive Child Doris Rapp, M.D.	5.00		
22 Nightshades and Health Norman Childers	20.00		
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25 Dr. Newbold's Revolutionary New Discoveries About Weight Loss paperback H.L. Newbold, M.D.	2.50		
26 A Guide for Food Allergic Patients Karla and John Boyles, Jr., M.D.	1.25		
27 The Pulse Test Arthur F. Coca, M.D.	2.50		
28 A Physician's Handbook of Orthomolecular Medicine paperback Roger J. Williams & Dwight K. Kalita	8.95		
29 Nutrition Against Disease paperback Roger Williams, Ph.D.	3.00		
30 Nutrition Almanac Nutrition Search, Inc.	7.95		
31 Zinc and Other Micro-Nutrients Carl C. Pfeiffer, Ph.D., M.D.	2.50		
32 Very Basically Yours Cook Book Human Ecology Study Group	5.75		
33 Beyond the Staff of Life Kief Adler	4.00		
34 (Almost) Familiar (Allergic) Fare	4.00		
35 Food for Nought: The Decline of Nutrition Ross Hume Hall	5.00		
36 Allergy Handbook Kay Ludman and Louise Henderson	5.00		
37 Sugar Blues paperback William Dufty	3.00		
38 Food Additives and Your Health Beatrice Trum Hunter	1.75		
39 Consumer Beware paperback Beatrice Trum Hunter	5.75		
40 The Mirage of Safety Beatrice Trum Hunter	10.75		
41 Great Nutrition Robbery Beatrice Trum Hunter	5.95		
42 Food Alive Virginia Livingston Wheeler	6.00		

43 Breathing for Survival Casimir M. Nikel	5.75		
44 The Ion Effect Fred Soyka with Alan Edmonds	3.00		
45 The Bug Book Helen and John Philbrick	4.50		
46 How to Control your Allergies by Robert Forman, Ph.D.	2.50		
<b>NEW BOOKS</b>			
47 Brain Allergies by William Philpott, M.D. and Dwight K. Kalita, Ph.D.	16.50		
48 You and Allergy single copy William G. Crook, M.D.	2.50		
49 Why your House May Endanger Your Health by Alfred V. Zamm, M.D. with Robert Gannon	12.00		
50 Vitamin C Against Cancer by H.L. Newbold, M.D.	12.00		
51 The Food Connection David Sheinkin, M.D., Michael Schachter, M.D. and Richard Hutton	11.00		
52 Chemical Victims by Richard Mackarness, M.D.	4.50		
53 Sunny Hill by Bruch and Barbara Small	14.00		
54 Food Allergy by John Gerrard, M.D.	20.75		
55 Common Sense for Sensitive John MacLennan-second printing	8.50		
56 Diet, Crime and Delinquency Alexander Schauss	4.95		
57 An Alternative Approach to Allergies Theron G. Randolph, M.D. and Ralph W. Moss, Ph.D. (available soon)	12.95		
58 Allergy of the Nervous System Frederic Speer, M.D.	17.75		
59 Delicious and Easy Rice Recipes Marion Wood	8.00		
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PLEASE MAIL TO:

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Dr. Eloise Kailin has encouraged me to survey members to help patients who wish to move to a better environment. E.P.A. air monitoring is usually done in polluted cities, so they do not provide much help to those seeking to move to clean air. Please complete as much of the questionnaire as you can & mail to the above address. The data will then be published for the benefit of members. Add additional pages if you like.

1. List any places which you believe to be healthful. Be as specific as you can.
2. At which of these places is one likely to find:

Agricultural spraying?	Eucalyptus?
Pine?	Open trash burning?
Cedar?	Mold?
Juniper?	Other objectionable plants?
Fir?	Industrial pollution?
Spruce?	Other objectionable features?
Ragweed?	
3. What are the approximate temperatures in each place?

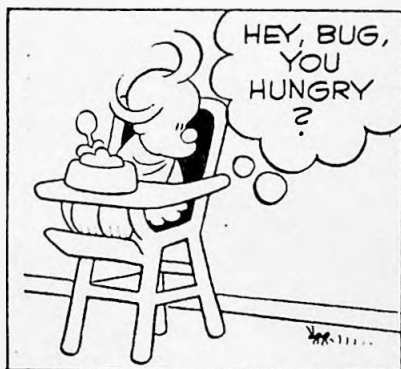
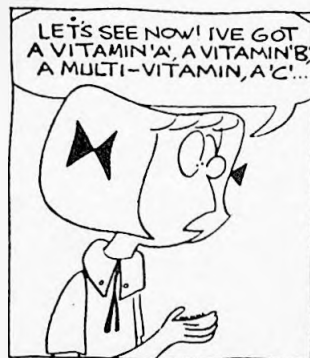
Summer?
Winter?
4. Do you know of specific housing in any of these places likely to be suitable for chemically sensitive patients? Elaborate.

For rent?
For sale?
Age?
Interior wall material?
Floor materials?
Road traffic?
Most recent pesticide treatment?
Any disadvantages to sleeping outside?
5. How close are sources of fresh organic produce?

In what seasons?
------------------
6. What other amenities are available for each place, such as the nearest cities, commercial airports, stores, telephones, household help, non-commercial broadcasting?
7. List any persons in each area who might be willing to assist an occasional prospective new resident. Examples: patients & their relatives, doctors, real estate agents, support groups.
8. Are there any unusual costs associated with living in each listed place?
9. Your name and address and telephone (optional).

# COMICS

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# PUBLICATION AND MEMBERSHIP ORDER FORM

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY VOL. 4 NO. 1 WINTER 1981 PAGE 24

publications available	price	total	
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Arthritis and Food Allergy ( <i>Quarterly, Fall 1978</i> )	1.00		Pregnancy and Allergies ( <i>Quarterly, Winter 1979</i> ) 1.50
Brief on Special Education Needs of Children Sensitive to Foods and Chemicals	nc		Principles for Managing Food Sensitivities ( <i>Quarterly, Spring 1978</i> ) and the Rotating Menu - Key to Figuring Out Your Food Allergies ( <i>Quarterly, Winter 1979</i> ) 3.00
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